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Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF ILLINOIS	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: lo	dentify Yourself		
			About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your f	full name		
	your go picture examp	the name that is on povernment-issued to identification (for onle, your driver's to passport).	Cody First name Michael Middle name	First name Middle name
	identifi	your picture ication to your ng with the trustee.	Sanders Last name and Suffix (Sr., Jr., II, III)	Last name and Suffix (Sr., Jr., II, III)
2.		her names you have in the last 8 years		
		e your married or n names.		
3.	your S numbe Individ	the last 4 digits of Social Security er or federal dual Taxpayer fication number	xxx-xx-4626	

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Debtor 1 Cody Michael Sanders

About Debtor 1:

About Debtor 2 (Spouse Only in a Joint Case):

Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years

Include trade names and doing business names

Business name(s)

About Debtor 2 (Spouse Only in a Joint Case):

I have not used any business name or EINs.

Business name(s)

5.	Where	you	live
----	-------	-----	------

824 Brentwood Rd Machesney Park, IL 61115

Number, Street, City, State & ZIP Code

Winnebago

County

EINs

If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

If Debtor 2 lives at a different address:

Case number (if known)

Number, Street, City, State & ZIP Code

County

EINs

If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.

Number, P.O. Box, Street, City, State & ZIP Code

6. Why you are choosing this district to file for bankruptcy

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

Check one:

- Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.
- ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)

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Debtor 1 Cody Michael Sanders

Case number (if known)

Par	t 2: Tell the Court About	our Ba	ınkruptcy Ca	ise			
7.	The chapter of the Bankruptcy Code you are	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Chapter 7					
	choosing to file under						
		☐ Ch	apter 11				
		☐ Ch	apter 12				
		☐ Ch	apter 13				
8.	How you will pay the fee		about how yo	u may pay. Typi attorney is subn	ically, if you are paying the fee yo	k with the clerk's office in your local court for more details burself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with	
						on, sign and attach the Application for Individuals to Pay	
			J		s (Official Form 103A). ived (You may request this option	n only if you are filing for Chapter 7. By law, a judge may,	
			but is not requapplies to you	uired to, waive y ur family size an	our fee, and may do so only if your fee, and may do so only if you you are unable to pay the fee in	ur income is less than 150% of the official poverty line that installments). If you choose this option, you must fill out cial Form 103B) and file it with your petition.	
9.	Have you filed for bankruptcy within the	■ No.					
	last 8 years?	☐ Yes	3.				
			District		When	Case number	
			District		When	Case number	
			District		When	Case number	
10.	Are any bankruptcy	■ No					
	cases pending or being filed by a spouse who is not filing this case with you, or by a business	☐ Yes	3.				
	partner, or by an affiliate?						
			Debtor			Relationship to you	
			District		When	Case number, if known	
			Debtor			Relationship to you	
			District		When	Case number, if known	
11.	Do you rent your	■ No.	Go to li	ine 12.			
	residence?	☐ Yes	s. Has yo	ur landlord obta	nined an eviction judgment agains	t you?	
				No. Go to line 1	12.		
					itial Statement About an Eviction	Judgment Against You (Form 101A) and file it as part of	

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Case number (if known) Debtor 1 Cody Michael Sanders Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. husiness? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy ☐ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any No. property that poses or is ☐ Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs

immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs

urgent repairs?

needed, why is it needed?

Where is the property?

Number, Street, City, State & Zip Code

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Debtor 1 Cody Michael Sanders

Case number (if known)

 Tell the court whether you have received a briefing about credit counseling.

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

Explain Your Efforts to Receive a Briefing About Credit Counseling

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

 □ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

□ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Document Page 6 of 49 Case number (if known) Debtor 1 Cody Michael Sanders Part 6: **Answer These Questions for Reporting Purposes** Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an 16. What kind of debts do 16a. you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ■ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ■ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **1** 25,001-50,000 you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 □ 200-999 19. How much do vou □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million 20. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion **\$0 - \$50,000** estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Part 7: Sign Below For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Cody Michael Sanders Signature of Debtor 2 **Cody Michael Sanders** Signature of Debtor 1

Executed on

MM / DD / YYYY

Executed on

July 26, 2018 MM / DD / YYYY Case 18-81572 Doc 1 Filed 07/26/18 Entered 07/26/18 09:52:04 Desc Main Document Page 7 of 49

Debtor 1 Cody Michael Sanders

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Gary C. Flanders	Date J	uly 26, 2018	
Signature of Attorney for Debtor	N	MM / DD / YYYY	
Gary C. Flanders 6180219			
Printed name			
Bankruptcy Clinic			
Firm name			
1 Court Place			
Rockford, IL 61101			
Number, Street, City, State & ZIP Code			
Contact phone 815-962-7084	Email address		
6180219 IL			
Bar number & State		-	

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		Docume	nt Page 8 of 49
Fill in this infor	mation to identify your	case:	
Debtor 1	Cody Michael Sai	nders	
	First Name	Middle Name	Last Name
Debtor 2			
(Spouse if, filing)	First Name	Middle Name	Last Name
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT C	OF ILLINOIS
Case number			

☐ Check if this is an amended filing

Official Form 106Sum

(if known)

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

Par	t 1: Summarize Your Assets		
		Your a	ssets of what you own
1.	Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	410.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	410.00
Par	t 2: Summarize Your Liabilities		
			abilities t you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	0.00
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	10,146.00
	Your total liabilities	\$	10,146.00
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	400.00
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	350.00
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sch	nedules.
7.	■ Yes What kind of debt do you have?		
	Vous debte are primarily concurred debte. Consumer debte are those "incurred by an individual primarily for	o noroonal	family or

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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Case number (if known) Document

Debtor 1 Cody Michael Sanders

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. \$

500.00

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Total	claim
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. Total. Add lines 9a through 9f.	\$	0.00

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		Document	Page 10 of 49	
Fill in this inform	nation to identify your	case and this filing:		
Debtor 1	Cody Michael Sa	Inders Middle Name	Last Name	
Debtor 2	i iist ivaine	Middle Name	Last Name	
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States Bar	nkruptcy Court for the:	NORTHERN DISTRICT OF	ILLINOIS	
Case number _				☐ Check if this is an amended filing
Official Fo	rm 1061/D			
_	<u>rm 106A/B</u> e A/B: Pro p	perty		12/15
			e. If an asset fits in more than one category, list th	
nformation. If more Answer every quest	e space is needed, attach tion.		eople are filing together, both are equally respons In the top of any additional pages, write your nam u Own or Have an Interest In	
. Do you own or h	ave any legal or equitabl	e interest in any residence, build	ding, land, or similar property?	
■ No. Go to Part	12			
☐ Yes. Where is	s the property?			
Dark O. Danasila N	Varan Valeialaa			
Part 2: Describe	Your Vehicles			
			es, whether they are registered or not? Inclu G: Executory Contracts and Unexpired Leases.	de any vehicles you own that
3. Cars, vans, tru	ıcks, tractors, sport u	tility vehicles, motorcycles		
■ No				
☐ Yes				
			vehicles, other vehicles, and accessories s, snowmobiles, motorcycle accessories	
■ No				
☐ Yes				
	-	-	es from Part 2, including any entries for 	\$0.00
	Your Personal and Hous	ehold Items table interest in any of the fo	llowing itams?	Current value of the
Do you own or n	iave any legal of equil	able interest in any of the fo	nowing items:	portion you own? Do not deduct secured claims or exemptions.
Examples: Maj		e, linens, china, kitchenware		
■ Yes. Descr	ibe			
	sofa, etc.	, with estimated retail val	ue of \$200	\$100.00
				

7. Electronics

Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

■ No

☐ Yes. Describe.....

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Debtor 1	Cody Michae	I Sanders	Doddinone	. 0.90 == 0	Case number (i	f known)	
-	etibles of value	figurines: paintings	prints, or other artwork; bo	ooks pictures or other	art objects: stan	np. coin. or ba	seball card collections:
■ No	other collection	ns, memorabilia, co		one, piotarce, er euror	art objecto, ctar		oosan cara concentent,
9. Equip	ment for sports and ples: Sports, photog musical instru	graphic, exercise, a	nd other hobby equipment	bicycles, pool tables,	golf clubs, skis;	canoes and ka	yaks; carpentry tools;
Ye	s. Describe						
		fishing tackle,	with estimated retail v	alue of \$30			\$15.00
■ No	mples: Pistols, rifles,	, shotguns, ammun	ition, and related equipmen	nt			
	s. Describe						
□ No	mples: Everyday clo	thes, furs, leather o	coats, designer wear, shoe	s, accessories			
		Debtor's clothi	ng, with estimated reta	ail value of \$150			\$50.00
□ No	mples: Everyday jew	elry, costume jewe	lry, engagement rings, wed	dding rings, heirloom je	ewelry, watches,	gems, gold, s	
		watch, with est	imated retail value of	\$10			\$5.00
Exai □ No	farm animals mples: Dogs, cats, b s. Describe	irds, horses					
]	dog					\$0.00
☐ No	-		you did not already list,	including any health	aids you did no	ot list	
_ 10				£ £400			\$200.00
		cen phone, with	h estimated retail valu	e or \$400			\$200.00
	ļ	hand tools, wit	h estimated retail valu	e of \$40			\$20.00
			es from Part 3, including a		you have attac	hed	\$390.00
Part 4:	Describe Your Financ	ial Assets					
			nterest in any of the follow	ving?			Current value of the portion you own?

Current value of the portion you own?

Do not deduct secured claims or exemptions.

Document Page 12 of 49 Case number (if known) Debtor 1 **Cody Michael Sanders** 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... **US Bank** \$20.00 checking 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts ■ No Institution or issuer name: ☐ Yes..... 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. ■ No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others ■ No Institution name or individual: ☐ Yes. 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) No ☐ Yes..... Issuer name and description. 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements

Official Form 106A/B Schedule A/B: Property page 3

☐ Yes. Give specific information about them...

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Desc Main

D	ebtor 1	Cody Michael Sanders	Document	Page 13 of 49 Case number (if known	n)
27	Licens Examp ■ No	es, franchises, and other general inta oles: Building permits, exclusive licenses	ingibles s, cooperative association	on holdings, liquor licenses, professional licer	nses
	☐ Yes.	Give specific information about them			
М	oney or	property owed to you?			Current value of the portion you own? Do not deduct secured claims or exemptions.
28	Tax ref	unds owed to you			
	☐ Yes.	Give specific information about them, in	cluding whether you alre	eady filed the returns and the tax years	
29		support oles: Past due or lump sum alimony, spo	ousal support, child supp	ort, maintenance, divorce settlement, proper	ty settlement
	☐ Yes.	Give specific information			
30	Exam _l	amounts someone owes you oles: Unpaid wages, disability insurance benefits; unpaid loans you made to		nefits, sick pay, vacation pay, workers' comp	ensation, Social Security
	■ No □ Yes.	Give specific information			
31		ts in insurance policies bles: Health, disability, or life insurance;	health savings account	(HSA); credit, homeowner's, or renter's insur	ance
	_	Name the insurance company of each p Company name:	policy and list its value.	Beneficiary:	Surrender or refund value:
32	If you	terest in property that is due you fron are the beneficiary of a living trust, expe one has died.		ed nsurance policy, or are currently entitled to re	ceive property because
	■ No				
	☐ Yes.	Give specific information			
33		against third parties, whether or not bles: Accidents, employment disputes, ir			
		Describe each claim			
34	Other	contingent and unliquidated claims o	f every nature, includir	ng counterclaims of the debtor and rights	to set off claims
		Describe each claim			
35	. Any fir	ancial assets you did not already list			
	☐ Yes.	Give specific information			
36		he dollar value of all of your entries f art 4. Write that number here		ny entries for pages you have attached	\$20.00
Pa	art 5: De	scribe Any Business-Related Property You	ı Own or Have an Interest	In. List any real estate in Part 1.	
	_ ′	own or have any legal or equitable interest	in any business-related p	property?	
		to Part 6.			
	⊔ Yes. 0	Go to line 38.			

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Official Form 106A/B Schedule A/B: Property page 4

Case 18-81572 Doc 1 Filed 07/26/18 Entered 07/26/18 09:52:04 Desc Main Document Page 14 of 49 Case number (if known) Debtor 1 **Cody Michael Sanders** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. Part 6: If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 Part 8: List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$0.00 57. Part 3: Total personal and household items, line 15 \$390.00 Part 4: Total financial assets, line 36 \$20.00 59. Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00

\$410.00

Copy personal property total

Official Form 106A/B Schedule A/B: Property page 5

Total personal property. Add lines 56 through 61...

63. Total of all property on Schedule A/B. Add line 55 + line 62

61.

\$410.00

\$410.00

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		Docume	IIL I duc 13 01 43		
Fill in this infor	mation to identify your	case:			
Debtor 1	Cody Michael Sa	nders			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)				_	Check if this is an

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

 Which set of exemptions are you claiming? Check one only, even if your spouse is filing y 	with vou.
---	-----------

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption	
	Copy the value from Schedule A/B	Che	ck only one box for each exemption.		
sofa, etc., with estimated retail value of \$200	\$100.00		\$100.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 6.1			100% of fair market value, up to any applicable statutory limit		
fishing tackle, with estimated retail value of \$30	\$15.00		\$15.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 9.1			100% of fair market value, up to any applicable statutory limit		
Debtor's clothing, with estimated retail value of \$150	\$50.00		\$50.00	735 ILCS 5/12-1001(a)	
Line from Schedule A/B: 11.1			100% of fair market value, up to any applicable statutory limit		
watch, with estimated retail value of \$10	\$5.00		\$5.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 12.1			100% of fair market value, up to any applicable statutory limit		
cell phone, with estimated retail value of \$400	\$200.00		\$200.00	735 ILCS 5/12-1001(b)	
Line from Schedule A/B: 14.1			100% of fair market value, up to any applicable statutory limit		

Entered 07/26/18 09:52:04 Document Page 16 of 49 **Cody Michael Sanders** Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B hand tools, with estimated retail 735 ILCS 5/12-1001(b) \$20.00 \$20.00 value of \$40 Line from Schedule A/B: 14.2 100% of fair market value, up to any applicable statutory limit checking: US Bank 735 ILCS 5/12-1001(b) \$20.00 \$20.00 Line from Schedule A/B: 17.1 100% of fair market value, up to any applicable statutory limit (Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment.)

3.	Are you	claiming	j a homestead	d exemption o	f more than \$160,37	5

Doc 1

Case 18-81572

- Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

Filed 07/26/18

- Yes

Desc Main

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Fill in this information to identify your case:					
Debtor 1	Cody Michael Sa	nders			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					
(if known)					☐ Check if this is an
					amended filing

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

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Page 18 of 49 Document Fill in this information to identify your case: Debtor 1 **Cody Michael Sanders** Middle Name Last Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) United States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. Total claim 4.1 **Barclays Bank Delaware** Last 4 digits of account number 3176 \$1,730.00 Nonpriority Creditor's Name When was the debt incurred? PO Box 8803 Wilmington, DE 19899 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts

☐ Yes

■ Other. Specify credit purchases

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Document Page 19 of 49 Debtor 1 Cody Michael Sanders Case number (if know) 4.2 **Barclays Bank Delaware** Last 4 digits of account number \$0.00 Nonpriority Creditor's Name **Blitt & Gaines** When was the debt incurred? 661 Glenn Ave Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify notice only ☐ Yes **David Brown** 4.3 Last 4 digits of account number \$1,230.00 Nonpriority Creditor's Name When was the debt incurred? 318 N. First St. Rockford, IL 61107 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify legal services ☐ Yes 4.4 **IHC Swedish American Emergency** Last 4 digits of account number \$621.00 Nonpriority Creditor's Name 1401 E. State St. When was the debt incurred? Rockford, IL 61104 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not

■ No

☐ Yes

report as priority claims

■ Other. Specify medical

Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Document Page 20 of 49 Debtor 1 Cody Michael Sanders Case number (if know) 4.5 IHC Swedish American Emergency Last 4 digits of account number \$0.00 Nonpriority Creditor's Name Americollect When was the debt incurred? 1851 S Alverno Rd Manitowoc, WI 54220 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify notice only ☐ Yes **Merrick Bank Corp** 4.6 Last 4 digits of account number 0568 \$787.00 Nonpriority Creditor's Name PO Box 9201 When was the debt incurred? Old Bethpage, NY 11804 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify credit purchases ☐ Yes 4.7 \$0.00 Merrick Bank Corp Last 4 digits of account number Nonpriority Creditor's Name Phillips & Cohen Assoc When was the debt incurred? 1002 Justison St. Wilmington, DE 19801 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans

debt

■ No

☐ Yes

report as priority claims

■ Other. Specify notice only

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor	1 Cody Michael Sanders	Case number (if know)	
4.8	RMH / Rockford Health System Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	Rockford Merchantile 2502 S. Alpine Rd	When was the debt incurred?	
	Rockford, IL 61108 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify notice only	
4.9	Rockford Health Physicians Nonpriority Creditor's Name	Last 4 digits of account number	\$392.00
	3401 N Perryville Rd #100 Rockford, IL 61114	When was the debt incurred?	
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical	
4.1	D 16 111 W DI 11		40.00
0	Rockford Health Physicians Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	Miramed Revenue Group 360 E. 22nd St. Lombard, IL 60148	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	∏ Yes	Other Charles HOTICE ONLY	

Debt	or 1 Cody Michael Sanders	Document Page 22 of 49 Case number (if know)	/IdIII
4.1	Rockford Health System	Last 4 digits of account number	\$1,321.00
·	Nonpriority Creditor's Name 2400 N. Rockton Ave	When was the debt incurred?	41,021100
	Rockford, IL 61103 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	\square Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify medical	
4.1	Rockford Radiology	Last 4 digits of account number	\$318.00
2]	Nonpriority Creditor's Name Rockford Mercantile	When was the debt incurred?	ψο 10.00
	2502 S. Alpine Rd Rockford, IL 61108		
	Number Street City State Zlp Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims Debts to pension or profit-sharing plans, and other similar debts	
	■ No		
	Yes	Other. Specify medical	
4.1 3	Swedish American Health System	Last 4 digits of account number	\$3,747.00
	Nonpriority Creditor's Name 1401 E. State St. Rockford, IL 61107	When was the debt incurred?	
	Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	•		

debt

■ No

☐ Yes

report as priority claims

■ Other. Specify medical

 $\hfill \Box$ Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

Is the claim subject to offset?

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Case number (if know)

Debtor 1 Cody Michael Sanders

4.1	Swedish American Health System	Last 4 digits of account number	\$0.00
	Nonpriority Creditor's Name Creditors Protection Service 308 W. State St. #485	When was the debt incurred?	
	Rockford, IL 61101 Number Street City State Zlp Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify notice only	

Part 3: List Others to Be Notified About a Debt That You Already Listed

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				7	Total Claim
	6a.	Domestic support obligations	6a.	\$	0.00
Total claims					_
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$	0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$	0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$	0.00
				7	Total Claim
	6f.	Student loans	6f.	\$	0.00
Total claims					
from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h.		6h.	\$	0.00
	6i.	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$	10,146.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$	10,146.00

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

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Fill in this information to identify your case:				
Debtor 1	Cody Michael Sa	nders		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States B	ankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS	
Case number				
(II KIIOWII)				

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or	company wit Name, Numb	h whom you have the o	contract or lease	State what the contract or lease is for
2.1					
	Name				_
	Number	Street			_
	City		State	ZIP Code	-
2.2					
	Name				_
	Number	Street			_
	City		State	ZIP Code	_
2.3					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.4					
	Name				_
	Number	Street			_
	City		State	ZIP Code	
2.5					
	Name				
	Number	Street			_
	City		State	ZIP Code	_

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		Docume	ili Paue 25 t	11 49	
Fill in this	information to identify your				
Debtor 1	Cody Michael Sai	nders			
	First Name	Middle Name	Last Name	_	
Debtor 2 (Spouse if, filing	g) First Name	Middle Name	Last Name		
	es Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Ormed Olde	os Barikraptoy Goart for the.	- NORTHERN BIOTHIOT	OI ILLIIVOIO		
Case numb	per				☐ Check if this is an
					amended filing
Official	Form 106H				
		obtoro			
Schea	ule H: Your Cod	eptors			12/15
Arizona ■ No. 0 □ Yes. 3. In Coluin line	a, California, Idaho, Louisiana, Go to line 3. Did your spouse, former spounts Imn 1, list all of your codebt 2 again as a codebtor only i	Nevada, New Mexico, Pu use, or legal equivalent live ors. Do not include your f that person is a guaran	e with you at the time? spouse as a codebtor tor or cosigner. Make s	ngton, and Wisconsin.) if your spouse is filin sure you have listed th	y states and territories include g with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill
	lumn 2.	,	`		
	Column 1: Your codebtor lame, Number, Street, City, State and ZI	P Code		Column 2: The cre Check all schedule	editor to whom you owe the debt es that apply:
0.4					
3.1	Name			_ □ Schedule D, lin □ Schedule E/F, I	
				☐ Schedule G, lin	
<u> </u>	Number Street			_	
C	City	State	ZIP Code		
3.2	Name			_ ☐ Schedule D, lin	
				☐ Schedule E/F, I☐ Schedule G, lin	
	Number Street			—	
	City	State	ZIP Code		

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CHI.	in this information to identify your ca	200:							
	otor 1 Cody Michae								
	otor 2				_				
Uni	ted States Bankruptcy Court for the	: NORTHERN DISTRIC	CT OF ILLINOIS		_				
	se number		-			Check if this is An amende A supplement 13 income	ed filing ent show	ing postpetition following date:	
0	fficial Form 106I					MM / DD/ Y	YYY		
S	chedule I: Your Inc	ome							12/15
sup spo atta	as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment	are married and not fili r spouse is not filing w	ng jointly, and your ith you, do not inclu	spouse is	s liv natio	ing with you, incl on about your spo	ude info ouse. If n	rmation about nore space is	your needed,
1.	Fill in your employment information.		Debtor 1			Debtor 2	or non-	-filing spouse	
	If you have more than one job,	Employment status	☐ Employed	☐ Empl	oyed				
	attach a separate page with information about additional employers.	. ,	■ Not employed	■ Not employed			mployed		
	Include part-time, seasonal, or	Occupation							
	self-employed work.	Employer's name Employer's address							
	Occupation may include student or homemaker, if it applies.	,							
		How long employed t	here?						
Par	Give Details About Mor	thly Income							
	mate monthly income as of the dause unless you are separated.	ate you file this form. If	you have nothing to r	eport for a	any I	ine, write \$0 in the	space. I	nclude your no	n-filing
	u or your non-filing spouse have mo e space, attach a separate sheet to		ombine the information	n for all e	mplo	oyers for that perso	on the	lines below. If	you need
						For Debtor 1		ebtor 2 or iling spouse	
2.	List monthly gross wages, salad deductions). If not paid monthly, or			2.	\$	0.00	\$	N/A	
3.	Estimate and list monthly overti	me pay.		3.	+\$	0.00	+\$	N/A	
4.	Calculate gross Income. Add lin	ne 2 + line 3.		4.	\$	0.00	\$_	N/A	

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Deb	tor 1	Cody Michael Sanders	-	Ca	se number (if kn	own)				
	C =	uniting A house	4		or Debtor 1		non	Debtor i-filing s	pouse	
	Cop	y line 4 here	4.	\$.00	\$_		N/A	
5.	List	all payroll deductions:								
	5a.	Tax, Medicare, and Social Security deductions	5a.		0	.00	\$		N/A	
	5b.	Mandatory contributions for retirement plans	5b.			.00	\$_		N/A	
	5c.	Voluntary contributions for retirement plans	5c.			.00	\$_		N/A	
	5d.	Required repayments of retirement fund loans	5d.			.00	\$_		N/A	
	5e.	Insurance	5e.			.00	\$_		N/A	
	5f. 5g.	Domestic support obligations Union dues	5f.	\$ \$.00	\$ \$		N/A	
	5y. 5h.	Other deductions. Specify:	5g. 5h.			.00	+ \$		N/A N/A	
_		· · · · · · · · · · · · · · · · · · ·	_	ι ψ						
6.		the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	Ф		.00	\$_		N/A	
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$.00	\$		N/A	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total								
		monthly net income.	8a.	\$	0	.00	\$		N/A	
	8b.	Interest and dividends	8b.	\$	0	.00	\$		N/A	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0	.00	\$		N/A	
	8d.	Unemployment compensation	8d.	\$.00	\$		N/A	
	8e.	Social Security	8e.	\$	0	.00	\$		N/A	
	8f. 8g. 8h.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: Link Pension or retirement income Other monthly income. Specify: Assistance from family	8f. 8g. 8h.			0.00	\$_ \$_ + \$		N/A N/A N/A	
	011.	Assistance from family	_	. —					14/5	I
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	400	.00	\$_		N/A	
10.	Calo	culate monthly income. Add line 7 + line 9.	10.	B	400.00	+ \$		N/A	= \$	400.00
		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	L			Ľ				
11.	Inclu othe	te all other regular contributions to the expenses that you list in <i>Schedule</i> ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not acify:	depe				•	Schedule 11.		0.00
12.		the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies						. 12.	\$	400.00
13.	Do	you expect an increase or decrease within the year after you file this form	?						Combine monthly	
		No.								
		Yes. Explain: Debtor seeking employment.								

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Omolai i Omi i 000		VITH AND IS SI	Al Al Al		ving postpetition chapter the following date:
Debtor 2 (Spouse, if filing) United States Bankruptcy Court for the: NORTHERN I Case number (If known) Official Form 106J *** DEB	STOR LIVES W		A 13	supplement show sexpenses as of	
(Spouse, if filing) United States Bankruptcy Court for the: NORTHERN I Case number (If known) Official Form 106J *** DEB	STOR LIVES W		13	3 expenses as of	
Case number (If known) Official Form 106J *** DEB	STOR LIVES W			M / DD / YYYY	
Official Form 106J *** DEB		VITH AND IS SI			
O 1110101 1 0 1 1 1 1 0 0 0		VITH AND IS SI			
O 1110101 1 0 1 1 1 1 0 0 0		VITH AND IS SI			
GRAND			JPPO	RTED BY H	IIS
Schedule J: Your Expenses	}				12/1
Be as complete and accurate as possible. If two information. If more space is needed, attach and number (if known). Answer every question.					
Part 1: Describe Your Household 1. Is this a joint case?					
✓ No. Go to line 2.☐ Yes. Does Debtor 2 live in a separate ho	usehold?				
☐ No ☐ Yes. Debtor 2 must file Official For		for Separate Household	of Debto	r 2.	
2. Do you have dependents? ✓ No					
103.	at this information for dependent	Dependent's relationsh Debtor 1 or Debtor 2	ip to	Dependent's age	Does dependent live with you?
Do not state the					☐ No
dependents names.					∐ Yes □ No
					Yes
					∐ No □ Yes
					No
3. Do your expenses include					☐ Yes
expenses of people other than yourself and your dependents?					
Part 2: Estimate Your Ongoing Monthly Expe	enses				
Estimate your expenses as of your bankruptcy expenses as of a date after the bankruptcy is fil applicable date.					
Include expenses paid for with non-cash govern					
the value of such assistance and have included (Official Form 106l.)	it on Scheaule I: Yo	our income		Your expe	enses
 The rental or home ownership expenses for payments and any rent for the ground or lot. 	r your residence. Ind	clude first mortgage	4. \$		0.00
If not included in line 4:					
4a. Real estate taxes			4a. \$		0.00
4b. Property, homeowner's, or renter's insu			4b. \$		0.00
4c. Home maintenance, repair, and upkeep			4c. \$		0.00
4d. Homeowner's association or condomini5. Additional mortgage payments for your res			4d. \$		0.00

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Deb	otor 1 Cody Michael Sanders	Case num	ber (if known)	
6.	Utilities:			
0.	6a. Electricity, heat, natural gas	6a.	\$	0.00
	6b. Water, sewer, garbage collection	6b.	\$	0.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	0.00
	6d. Other. Specify: cell phone	6d.	\$	75.00
7.	Food and housekeeping supplies	7.	\$	200.00
8.	Childcare and children's education costs	8.	\$	0.00
9.	Clothing, laundry, and dry cleaning	9.	\$	0.00
10.	Personal care products and services	10.	\$	50.00
11.	Medical and dental expenses	11.	\$	0.00
12.	Transportation. Include gas, maintenance, bus or train fare.	4.0	•	0.00
	Do not include car payments.	12.	·	
	Entertainment, clubs, recreation, newspapers, magazines, and books	13.	·	25.00
	Charitable contributions and religious donations	14.	\$	0.00
15.	Insurance.			
	Do not include insurance deducted from your pay or included in lines 4 or 20. 15a. Life insurance	15a.	\$	0.00
	15b. Health insurance	15b.	·	0.00
	15c. Vehicle insurance	15c.	· <u> </u>	0.00
	15d. Other insurance. Specify:	15d.	·	0.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.		Ψ	0.00
	Specify:	16.	\$	0.00
17.	Installment or lease payments:			
	17a. Car payments for Vehicle 1	17a.	\$	0.00
	17b. Car payments for Vehicle 2	17b.	\$	0.00
	17c. Other. Specify:	17c.	\$	0.00
	17d. Other. Specify:	17d.	\$	0.00
18.	Your payments of alimony, maintenance, and support that you did not report		\$	0.00
10	deducted from your pay on line 5, Schedule I, Your Income (Official Form 100 Other payments you make to support others who do not live with you.	6I). 10.	\$	0.00
19.	Specify:	19.	Ψ	0.00
20	Other real property expenses not included in lines 4 or 5 of this form or on S		our Income	
_0.	20a. Mortgages on other property	20a.		0.00
	20b. Real estate taxes	20b.	\$	0.00
	20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
	20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	20e. Homeowner's association or condominium dues	20e.	\$	0.00
21.	Other: Specify:	21.	+\$	0.00
22	Calculate your monthly evenence			
22.	Calculate your monthly expenses 22a. Add lines 4 through 21.		\$	350.00
	22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J	-2	\$	350.00
				250.00
	22c. Add line 22a and 22b. The result is your monthly expenses.		\$	350.00
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	· -	400.00
	23b. Copy your monthly expenses from line 22c above.	23b.	-\$	350.00
	23c. Subtract your monthly expenses from your monthly income.	23c.	\$	50.00
	The result is your <i>monthly net income</i> .	200.	*	
24.	Do you expect an increase or decrease in your expenses within the year after			
	For example, do you expect to finish paying for your car loan within the year or do you expect			or decrease because of a
	modification to the terms of your mortgage?			
	No.✓ Yes.Explain here: Living expenses will increase when Debto	or finds am	nlovment	
	Explain here. Living expenses will increase when Debto	ining citif	Jioyiii c iil.	

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Fill in this info	ormation to identify your				
Debtor 1	Cody Michael Sar First Name	nders Middle Name	Last Name		
Debtor 2	i iist Name	Middle Name	Last Name		
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	Bankruptcy Court for the:	NORTHERN DISTRICT	OF ILLINOIS		
Case number					Check if this is an
					amended filing
You must file th obtaining mone	his form whenever you fi	le bankruptcy schedules		ect information. Making a false statement, con fines up to \$250,000, or impri	
Sig	gn Below				
Did you p	pay or agree to pay some	one who is NOT an atto	rney to help you fill out ba	ankruptcy forms?	
■ No					
☐ Yes.	Name of person			Attach Bankruptcy Peti Declaration, and Signa	ition Preparer's Notice, ture (Official Form 119)
	nalty of perjury, I declare are true and correct.	that I have read the sum	mary and schedules filed	l with this declaration and	
X /s/ Co	ody Michael Sanders		X		
Cody	Michael Sanders ture of Debtor 1		Signature of D	Debtor 2	
Date	July 26, 2018		Date		

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Fill	in this inform	nation to identify you	r case:			
Deb	otor 1	Cody Michael Sa	anders			
		First Name	Middle Name	Last Name		
	otor 2 use if, filing)	First Name	Middle Name	Last Name		
Unit	ted States Bar	nkruptcy Court for the:	NORTHERN DISTRICT (OF ILLINOIS		
		., .,				
(if kn	se number own)					Check if this is an mended filing
	ficial Fo		Affairs for Indivi	duals Filing for B	ankruptcy	4/16
infoi num	rmation. If m ber (if knowr	ore space is needed, n). Answer every ques	attach a separate sheet to	this form. On the top of an	equally responsible for sup y additional pages, write you	
				Lived Belole		
1.	wnat is your	current marital statu	IS?			
	□ Married■ Not mar	ried				
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?		
	■ No □ Yes. Lis	t all of the places you l	ived in the last 3 years. Do no	ot include where you live now	ı.	
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	ldress:	Dates Debtor 2 lived there
					ity property state or territory ico, Texas, Washington and W	
	■ No □ Yes. Ma	ke sure you fill out <i>Scl</i>	nedule H: Your Codebtors (O	fficial Form 106H).		
Par	t 2 Explai	n the Sources of You	r Income			
4.	Fill in the tota	I amount of income yo	nployment or from operating ureceived from all jobs and a have income that you receive	all businesses, including part		ndar years?
	□ No ■ Yes. Fill	in the details.				
			Debtor 1		Debtor 2	
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)
	•	of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$0.00	☐ Wages, commissions, bonuses, tips	
			☐ Operating a business		☐ Operating a business	

Official Form 107

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Case number (if known) Debtor 1 Cody Michael Sanders

					Debtor 1					Debtor 2			
						of income that apply.	(be	oss income efore deduct clusions)		Sources of Check all			Gross income (before deductions and exclusions)
			dar year: December 3	31, 2017)	■ Wages bonuses,	Jages, commissions, ses, tips \$7,745.00		☐ Wages bonuses,		sions,			
					☐ Operat	ing a business				☐ Operat	ing a busii	ness	
			dar year bef December 3		■ Wages bonuses,	s, commissions, tips		\$8	3,350.00	☐ Wages bonuses,		sions,	
					☐ Operat	ing a business				☐ Operat	ing a busii	ness	
	and winn	other nings. each s	public benef f you are fili	it payments; ng a joint cas ne gross inco	pensions; re e and you h		est; di /ou red	ividends; mo ceived toget	oney collect her, list it o	ed from laws	suits; roya ler Debtor	alties; and r 1.	ecurity, unemployment, I gambling and lottery
					Dahtan 4					Dalston			
					Debtor 1 Sources of	of Income	C=	oss income	from	Debtor 2	of income		Cress income
					Describe b		eac (be	oss income ch source efore deduct clusions)		Sources of Describe b		,	Gross income (before deductions and exclusions)
Pai	rt 3:	List	Certain Pa	ments You	Made Befo	re You Filed for I	Bankr	ruptcy					
6.	_	either			•	marily consumer							
		No.				s primarily consu amily, or househol			umer debts	are defined	in 11 U.S	.C. § 101	(8) as "incurred by an
			During the	90 days befo Go to line 7	,	for bankruptcy, di	d you	pay any cre	ditor a total	of \$6,425* of	or more?		
			□ Yes	paid that cre	editor. Do n	ot include paymen	nts for	domestic su	pport obliga				e total amount you nd alimony. Also, do
			* Subject t			o an attorney for the and every 3 years				or after the o	late of adj	ustment.	
		Yes.				e primarily consu for bankruptcy, di			ditor a total	of \$600 or r	nore?		
			No.	Go to line 7	•								
			□ Yes		ments for d								creditor. Do not nclude payments to an
	Cre	editor'	s Name and	Address		Dates of payme	nt	Total a	mount paid	Amount y		as this p	ayment for

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Case number (if known) Debtor 1 Cody Michael Sanders

7.	Within 1 year before you filed for bankruptor Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. ■ No □ Yes. List all payments to an insider.	ontrol, or owner of 20% or	eral partners; partner r more of their votin	erships of which yog g securities; and a	ou are a genera ny managing a	al partner; corporations gent, including one for	
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment	
8.	Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No Yes. List all payments to an insider		ments or transfer a	any property on a	ccount of a de	ebt that benefited an	
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for Include cred	this payment	
Par	t 4: Identify Legal Actions, Repossession	ns, and Foreclosures	Pulu				
9.	Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details.	cy, were you a party in an					
	Case title Case number	Nature of the case	Court or agency		Status of th	e case	
	People vs. Sanders	Criminal	unty	☐ Pending ☐ On appeal ☐ Concluded			
	Barclays Bank vs. Sanders	collection	Winnebago Co	unty	☐ Pending ☐ On appeal ■ Concluded		
	People vs. Sanders	criminal	Winnebago Co	unty	☐ Pending ☐ On appe ☐ Conclud	eal	
10.	Check all that apply and fill in the details below No. Go to line 11.		erty repossessed, f	oreclosed, garnis	shed, attached	d, seized, or levied?	
	☐ Yes. Fill in the information below. Creditor Name and Address	Describe the Property		Date		Value of the	
		Explain what happened				property	
11.	Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details.		uding a bank or fii	nancial institutior	n, set off any a	amounts from your	
	Creditor Name and Address	Describe the action the	creditor took	Date taker	action was	Amount	
				tancı	•		

Page 34 of 49 Document Debtor 1 Cody Michael Sanders Case number (if known) 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? No ☐ Yes Part 5: List Certain Gifts and Contributions 13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 Describe the gifts Value Dates you gave the gifts per person Person to Whom You Gave the Gift and Address: 14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity? No Yes. Fill in the details for each gift or contribution. Gifts or contributions to charities that total Describe what you contributed Dates you Value more than \$600 contributed Charity's Name Address (Number, Street, City, State and ZIP Code) Part 6: List Certain Losses 15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling? No Yes. Fill in the details. Describe the property you lost and Describe any insurance coverage for the loss Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of transferred or transfer was Address payment Email or website address made Person Who Made the Payment, if Not You 2018 **Bankruptcy Clinic Attorney Fees** \$650.00 1 Court Place Rockford, IL 61101 **Summit Financial Education Credit Counseling** 2018 \$15.00

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Debtor 1 Cody Michael Sanders

17.	Within 1 year before you filed for bankruptcy promised to help you deal with your creditor Do not include any payment or transfer that you No	rs or to make payments			or transfer any prope	rty to anyone who
	Yes. Fill in the details. Person Who Was Paid Address	Description and v transferred	alue of any prope	erty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankrupto transferred in the ordinary course of your but Include both outright transfers and transfers mainclude gifts and transfers that you have already No Yes. Fill in the details.	usiness or financial affa de as security (such as t	i irs? he granting of a se			
	Person Who Received Transfer Address Person's relationship to you	Description and v property transferr			any property or received or debts change	Date transfer was made
	n/a	Sale of home fu \$500.00.	rnishings for			
	n/a	Couch given to	a friend.			
19.	Within 10 years before you filed for bankrup beneficiary? (These are often called asset-produced No Yes. Fill in the details.		y property to a se	elf-settled tru	ust or similar device	of which you are a
	Name of trust	Description and v	alue of the prope	rty transferr	ed	Date Transfer was made
Par	List of Certain Financial Accounts, Ins	truments, Safe Deposit	Boxes, and Stora	age Units		
20.	Within 1 year before you filed for bankruptcy sold, moved, or transferred? Include checking, savings, money market, o houses, pension funds, cooperatives, assoc No Yes. Fill in the details.	r other financial accour	nts; certificates of			, ,
	Name of Financial Institution and Address (Number, Street, City, State and ZIP Code)	Last 4 digits of account number	Type of account instrument	clo mo	te account was osed, sold, oved, or nsferred	Last balance before closing or transfer
21.	Do you now have, or did you have within 1 y cash, or other valuables?	ear before you filed for	bankruptcy, any	safe deposit	t box or other depos	itory for securities,
	■ No □ Yes. Fill in the details.					
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had acc Address (Number, State and ZIP Code)		escribe the	contents	Do you still have it?

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Debtor 1 Cody Michael Sanders

22.	Have you stored property in a storage unit or p No	place other than your home within	1 year before you filed for bankruptcy	?						
	Yes. Fill in the details.									
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?						
Par	9: Identify Property You Hold or Control for	Someone Else								
23.	Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.									
	□ No■ Yes. Fill in the details.									
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value						
	n/a		Debtor has use of his Grandparents' residence and home furnishings.	\$0.00						
Par	10: Give Details About Environmental Inform	nation								
For	he purpose of Part 10, the following definitions	s apply:								
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, groun	•							
	Site means any location, facility, or property as to own, operate, or utilize it, including disposa	s defined under any environmental	law, whether you now own, operate,	or utilize it or used						
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		s waste, hazardous substance, toxic s	substance,						
Rep	ort all notices, releases, and proceedings that y	ou know about, regardless of whe	n they occurred.							
24.	Has any governmental unit notified you that yo	ou may be liable or potentially liable	e under or in violation of an environme	ental law?						
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice						
25.	Have you notified any governmental unit of any	y release of hazardous material?								
	■ No □ Yes. Fill in the details.									
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State ar ZIP Code)	Environmental law, if you know it	Date of notice						
26.	Have you been a party in any judicial or admin	istrative proceeding under any env	rironmental law? Include settlements	and orders.						
	■ No □ Yes. Fill in the details.									
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case						

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Del	btor 1	Cody Michael Sanders	Document	Page 37 0	Case number (if known)	
Par	rt 11:	Give Details About Your Business or	Connections to Any Bu	ısiness		
27.	With	in 4 years before you filed for bankrup	tcv. did vou own a busi	ness or have an	y of the following con	nnections to any business?
	••••	☐ A sole proprietor or self-employed	• •		•	•
		☐ A member of a limited liability com		•	•	
		☐ A partner in a partnership	, , , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
		☐ An officer, director, or managing ex	xecutive of a corporation	n		
		☐ An owner of at least 5% of the votin	•			
		No. None of the above applies. Go to	• . ,			
	_	Yes. Check all that apply above and fi		r oooh husinasa		
		siness Name	Describe the nature o			fication number
	Add	Iress hber, Street, City, State and ZIP Code)				Social Security number or ITIN.
	(IVAII	ison, street, sity, state and En Sodey	Name of accountant of	or bookkeeper	Dates business	existed
28.		in 2 years before you filed for bankrup tutions, creditors, or other parties.	tcy, did you give a finar	ncial statement t	to anyone about your	business? Include all financial
		No				
		Yes. Fill in the details below.				
	Nar Add	ne Iress	Date Issued			
		nber, Street, City, State and ZIP Code)				
Pai	rt 12:	Sign Below				
are with	true a	ad the answers on this <i>Statement of Fi</i> and correct. I understand that making a nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571.	a false statement, conce	aling property,	or obtaining money or	
/s/	Cod	y Michael Sanders				
		lichael Sanders re of Debtor 1	Signature of	Debtor 2		
Dat	te _J	uly 26, 2018	Date			
Did ■ N	No.	nttach additional pages to Your Statem	ent of Financial Affairs	for Individuals F	Filing for Bankruptcy ((Official Form 107)?

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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				_		
Fill in this inforn	nation to identify your	case:				
Debtor 1	Cody Michael Sai					
	First Name	Middle Name	Last Name			
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name			
United States Bar	nkruptcy Court for the:	NORTHERN DIS	TRICT OF ILLINOIS			
Case number(if known)				Check if this is an amended filing		
Official Fo		n for Indiv	viduals Filing Under Chapt	ter 7 12/15		
If you are an individual filing under chapter 7, you must fill out this form if: creditors have claims secured by your property, or you have leased personal property and the lease has not expired. You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.						
write yo	our name and case nur	nber (if known).	s needed, attach a separate sheet to this form. O			
	ors that you listed in Pa		Creditors Who Have Claims Secured by Prope	rty (Official Form 106D), fill in the		
	editor and the property t	nat is collateral	What do you intend to do with the property th secures a debt?	at Did you claim the property as exempt on Schedule C?		
Creditor's name: Description of property			 ☐ Surrender the property. ☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]: 	□ No		
securing debt:						

Official Form 108

Creditor's

Creditor's

Description of

securing debt:

Description of

securing debt:

name:

property

Creditor's

name:

property

Statement of Intention for Individuals Filing Under Chapter 7

☐ Surrender the property.

☐ Surrender the property.

☐ Surrender the property.

☐ Retain the property and redeem it.

☐ Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

☐ Retain the property and redeem it.

 \square Retain the property and enter into a

Reaffirmation Agreement.

☐ Retain the property and [explain]:

□ No

☐ Yes

☐ No

☐ Yes

☐ No

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Debtor 1 Cody Michael Sanders	Case number (if known)	
name: Description of property	 □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: 	☐ Yes
securing debt:		_
in the information below. Do not list real estate lease	ases isted in Schedule G: Executory Contracts and Unexpire is. Unexpired leases are leases that are still in effect; the ise if the trustee does not assume it. 11 U.S.C. § 365(p)(2	lease period has not yet ended.
Describe your unexpired personal property leases		Will the lease be assumed?
Lessor's name: Description of leased Property:		□ No
Troperty.		☐ Yes
Lessor's name: Description of leased		□ No
Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Lessor's name:		□ No
Description of leased Property:		☐ Yes
Part 3: Sign Below		
Under penalty of perjury, I declare that I have indicate property that is subject to an unexpired lease.	ed my intention about any property of my estate that see	cures a debt and any personal
X /s/ Cody Michael Sanders	X	
Cody Michael Sanders Signature of Debtor 1	Signature of Debtor 2	
Date July 26, 2018	Date	

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Cha	pter 7:	Liquidation
	\$245	filing fee
	\$75	administrative fee
+	\$15	trustee surcharge
	\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 18-81572 Doc 1 Filed 07/26/18 Entered 07/26/18 09:52:04 Desc Main Document Page 44 of 49

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

In re	Cody Michael Sanders		Case No).		
	-	Debtor(s)	Chapter	7		
	DISCLOSURE OF COMPEN	NSATION OF ATTO	RNEY FOR I	DEBTOR(S)		
c	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing per rendered on behalf of the debtor(s) in contemplation of	g of the petition in bankruptcy	, or agreed to be pa	id to me, for services ren	dered or to	
				650.00		
	Prior to the filing of this statement I have received		\$	650.00		
	Balance Due		\$	0.00		
2. \$	335.00 of the filing fee has been paid.					
3. T	The source of the compensation paid to me was:					
	■ Debtor □ Other (specify):					
4. T	The source of compensation to be paid to me is:					
	■ Debtor □ Other (specify):					
5. I	■ I have not agreed to share the above-disclosed comp	ensation with any other person	n unless they are me	embers and associates of	my law firm.	
[☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name				w firm. A	
6. I	In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:					
b c	 a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, state c. Representation of the debtor at the meeting of creditor d. [Other provisions as needed] 	ement of affairs and plan whic	h may be required;	-	ıptcy;	
7. E	By agreement with the debtor(s), the above-disclosed fee Applicable to Chapter 7: \$75.00 for each of motion for court approval of reaffirma \$250.00 per hour plus costs (when appli Representation does not include defens dismissal proceedings, reinstatement pr from stay actions or other adversary pro motion to approve reaffirmation agreement	post-petition amendmen ation agreement, and atter cable) for all other repres e of discharge or dischar roceedings, judicial lien a oceedings or attendance a	t to Schedules; \$ ndance at hearin entation. geability procee voidances, post	g if required by the co dings, redemption pro petition amendments	ourt; oceedings, s, relief	
	-	CERTIFICATION				
	certify that the foregoing is a complete statement of any ankruptcy proceeding.	y agreement or arrangement fo	or payment to me fo	r representation of the de	btor(s) in	
	uly 26, 2018	/s/ Gary C. Fland				
Dα	ate	Gary C. Flanders Signature of Attorn				
		Bankruptcy Clin				
		1 Court Place Rockford, IL 611	01			
		815-962-7084 F)		
		Name of law firm				

Document Page 45 of 49 BANKRUPTCY CLINIC

GARY C. FLANDERS Attorney at Law

One Court Place, Suite 201 Rockford, Illinois 61101 Telephone: 815/962-7084

CONTRACT FOR CHAPTER 7 BANKRUPTCY SERVICES

This agreement is executed this	M day of	6/h/h, 20	018
---------------------------------	----------	-----------	-----

Type of Bankruptcy

Client retains attorney Gary C. Flanders to file a Chapter 7 bankruptcy. If the client determines at a later date that client desires to file a Chapter 13 bankruptcy, the parties shall execute a new fee contract setting forth the terms of such representation.

2. Services Provided by Attorney:

Contingent upon being paid for the services as specified below, the attorney shall provide the following legal services for the client: Preparation and filing of Chapter 7 Petition in Bankruptcy.

_	-
3	Fees

The base fee for the filing of the bankruptcy is \$ _____ and filing fee \$335.00 for a total of \$ ______, to be paid prior to filing and within six months of the date of this agreement. The amount of the filing fee may increase.

Additional costs required on a case-by-case basis include:

- a). Mandatory prepetition credit counseling and post-petition financial education (all cases).
- b). Tax transcripts
- c). Credit report (recommended).

If the fees are not paid as stated above and as a result the amount of legal service to be provided by the attorney and/or his staff is increased, the fee shall be increased accordingly to compensate the attorney for the additional time and expense in providing the legal services.

4. Terms of Payment

- a). The fees shall be paid in full prior to the filing of the bankruptcy.
- b). Client has paid \$ \(\) as a retainer fee. This amount has been earned upon receipt by the attorney and is not refundable.
- c). No earned portion of any fee received is refundable.

5. Services Not Provided Under the Base Fee

Representation does not include defense of discharge or dischargeability proceedings, redemption proceedings, dismissal proceedings, reinstatement proceedings, judicial lien avoidances, post-petition amendments, relief from stay actions or other adversary proceedings or attendance at continued meeting of creditors, preparation of motion to approve reaffirmation agreement (when in sole discretion of attorney a reaffirmation motion is required).

A.A.

6. Compensation For Services Not Covered Under Base Fee

- a). It is understood that if attorney and client agree that attorney is to provide services described in paragraph 5 a separate retainer agreement detailing such services and associated costs will be signed by attorney and client.
- b). \$75.00 for preparation and filing of each amendment to the bankruptcy Schedules or Statement of Financial Affairs.
- c). \$75.00 for preparation and filing of motion for court approval of reaffirmation agreement, and attendance at hearing if required by the court.
- d). \$500.00 for motion to reopen Chapter 7 case if client fails to satisfy post-petition financial education requirements.
- c). The client understands that if the client does not pay the fees as set forth above, the Attorney has no obligation to provide the services, and has the right to file a motion to withdraw as the attorney for the client.

7. Client's Obligations

The client's obligations are as follows:

- a). To pay the fees as set forth above.
- b). To provide accurately, honestly and in a timely manner, all the information including all documents necessary to prepare and file the Chapter 7 bankruptcy.
- c). To satisfy prepetition credit counseling and postpetition financial education requirements.
- d). To keep the attorney advised at all times of the client's address and telephone numbers.
- e). To attend the 341 Creditors Meeting and other hearings set in the case as advised by attorney.
- f). To provide any information requested of the client by the Chapter 7 Trustee, the U.S. Trustee, or any other party in interest, unless the Court rules that the client is not required to provide the information.
- g). To respond immediately to any requests of the client by the attorney's staff.
- 8. Attorney is authorized to disburse from his Client Trust Account, when applicable, funds for payment of filing fees, costs, attorney fees and refunds.

Gary C. Flandors

Client

Client

Client acknowledges receipt of a copy of this agreement.

We are a debt relief agency. We help people file for bankruptcy relief under the Bankruptcy Code.

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United States Bankruptcy Court Northern District of Illinois

_		_ , ,					
In re	Cody Michael Sanders	Debtor(s)	_ Case No. Chapter	7			
	VERIFICATION OF CREDITOR MATRIX						
		Number of C	Creditors:	14			
	The above-named Debtor(s) (our) knowledge.	hereby verifies that the list of creditor	ors is true and	correct to the best of my			
Date:	July 26, 2018	/s/ Cody Michael Sanders Cody Michael Sanders Signature of Debtor					

Barclays Bank Delaware PO Box 8803 Wilmington, DE 19899

Barclays Bank Delaware Blitt & Gaines 661 Glenn Ave Wheeling, IL 60090

David Brown 318 N. First St. Rockford, IL 61107

IHC Swedish American Emergency 1401 E. State St. Rockford, IL 61104

IHC Swedish American Emergency Americollect 1851 S Alverno Rd Manitowoc, WI 54220

Merrick Bank Corp PO Box 9201 Old Bethpage, NY 11804

Merrick Bank Corp Phillips & Cohen Assoc 1002 Justison St. Wilmington, DE 19801

RMH / Rockford Health System Rockford Merchantile 2502 S. Alpine Rd Rockford, IL 61108

Rockford Health Physicians 3401 N Perryville Rd #100 Rockford, IL 61114

Rockford Health Physicians Miramed Revenue Group 360 E. 22nd St. Lombard, IL 60148 Rockford Health System 2400 N. Rockton Ave Rockford, IL 61103

Rockford Radiology Rockford Mercantile 2502 S. Alpine Rd Rockford, IL 61108

Swedish American Health System 1401 E. State St. Rockford, IL 61107

Swedish American Health System Creditors Protection Service 308 W. State St. #485 Rockford, IL 61101